

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/511352

FILING DATE

(APPLICABLE)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51				
2							52				
3		2					53				
4							54				
5							55				
6							56				
7	1		1				57				
8							58				
9							59				
10							60				
11							61				
12							62				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL DEP.			3								
TOTAL DEP.			8								
TOTAL CLAUSES											